

Mrs Mary Roy

Newquay Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newquay Nursing and Residential Home is a residential home providing personal and nursing care for up to 41 people. At the time of this inspection there were 22 people living at the service. Some of these people were living with dementia or were receiving end of life care.

People's experience of using this service and what we found

Some people were not able to tell us verbally about their experience of living at Newquay Nursing and Residential Home. Therefore, we observed the interactions between people and the staff supporting them. One professional said; "The RN's (registered nurse's) are so lovely, they know their residents' individual needs." A relative said; "It's a safe place to be because the staff are lovely."

We found some areas of the service unsafe. We could not be sure people received their medicines as prescribed, medicines audits had not picked up issues with the recording of topical medicines, staff competencies had not been completed and some medicine records were not updated. We discussed this with the registered manager who took immediate action to address this. Regular checks of the environment and records did not pick up some areas of concern. For example, tiles missing off a bathroom wall.

We also found toothbrushes without names on, chemicals left out, topical cream without opening dates and a name on. The registered manager took immediate action to resolve these issues.

Support plans were not always updated and held correct information, and some were found to be muddled. This had been recognised by the registered manager and was being addressed. Some risk assessments had not been updated. Staff were aware of the details of people's care needs and supported them accordingly.

People felt safe using the service. Staff had been trained to understand how to manage risks to people and how to report any concerns they had about people. Staff were recruited safely in sufficient numbers to ensure people's needs were met. People's nutrition and hydration needs were met.

People's needs had been assessed and the registered manager ensured this information was made available to all staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, likes and dislikes and their communication needs.

People's health needs were being met. The service worked in partnership with a range of healthcare professionals and followed their advice.

People were offered opportunities to engage in activities and events they were interested in. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014; we also made recommendations relating to chemicals left out and the use of bed rails.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated as Good (report published 22 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Newquay Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a qualified health professional. The team also included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Newquay Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service, six relatives, five staff members and the registered manager. We also spoke to one healthcare professional. We reviewed the care records of six people and medication records of four people who used the service, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support as well as audits and quality assurance reports.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We used all of this information to plan our inspection.

After the inspection

We received additional evidence and information from the registered manager about the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question had now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The service had a Medication policy in place. However, the registered manager was not aware of all policy contents of the National Institute for Health and Care Excellence (NICE) guidance. NICE clinical guidelines are recommendations, based on the best available evidence, for the care of people by healthcare and other professionals. Clinical guidelines enable those caring for people to reassure them that they are following evidence-based practice. This meant that people's medicines were not always managed in line with best practice. For example, competency checks on staff had not been carried out to ensure staff were administering medicines safely. There was also no guidance for staff to make consistent decisions about when to give a medicine prescribed to be given 'when required'.
- People mostly received their medicines safely and on time. People were at risk of not receiving their prescribed topical medicines. Where it was recorded as prescribed onto a person's MAR (Medication Administration Record) it had not been signed for. Therefore, we could not be sure people had received it.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. However, it was noted that medicines due to be returned to the pharmacist held in a separate container had not been documented showing what was being returned. Therefore, there was no audit trail of medicines being returned to the pharmacist.
- Medicines were audited regularly with action taken to make ongoing improvements. However, audits had not picked up the above issues. We found people prescribed 'as required' medicines did not have a protocol in place providing staff with guidance of how and when it should be used. We also found opened tubs of cream with no date stating when opened with a shelf life of one month and a name of a person no longer residing in the service.

The registered manager and registered nurse took immediate action to resolve these issues.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff understood and knew their responsibilities to keep people safe and protect them from harm. However, we found one person with an adjustable bed, a crash mat next to this to protect them if they fell out of bed and an alarm mat in place, to let staff know if this person got out of bed. We were also informed that this person may climb over the bed rail. However, the high low bed was not placed at the lowest setting.

- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.
- People told us they felt safe, commenting, "I'm so comfortable here." and a relative said "Mum has a one to one carer, so we know she is safe."

There was no evidence anyone had been harmed; however, failing to identify, assess, reduce and monitor risks to people was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place.
- The service was mostly clean and there were appropriate cleaning schedules in place to help manage infection control risks. The premises were free from malodours. However, we found one bathroom with tiles missing creating a hole in the wall and containers holding toothbrushes with no names attached. The registered manager confirmed that toothbrushes were immediately destroyed and the missing tiles were replaced the following day. We also found cleaning agents left in bathroom. The registered manager actioned this immediately and locked the products away.
- People had their own slings for hoists which meant it reduced the risk of cross infection.

We recommend the provider reviews their processes for assuring themselves cleaning products are kept locked and secure.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their health, safety and welfare. One person was being placed at risk as they did not have diabetic risk assessment in place to support staff with managing this person's diabetes. However, the registered manager actioned this immediately and later found the risk assessment.
- People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments, when in place supported staff on how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

Staffing and recruitment

- Staff knew people well and provided them with continuity of care. For example, they covered one another for days off and holidays. This meant people were always cared for by staff they knew and trusted.
- There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care. People told us there were enough staff. One person said, "The staff always pop in to see how I am." The service had used agency staff to cover shifts. However, these agency staff were regular and had worked at the service for over a year.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.

- Staff were recruited safely. Systems were in place to ensure pre-employment checks would be carried out to ensure any new staff employed were safe to work in a care setting.

Learning lessons when things go wrong

- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence.
- There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support staff working with other agencies to provide consistent, effective, timely care

- The service had built good relationships with other healthcare professionals to ensure people received safe consistent care. The GP visited regularly and when requested.
- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed. However, one person did not have diabetic risk assessment in place to support staff with managing this person's diabetes.
- People received regular health checks including opticians, hearing, podiatry and dental needs to ensure their health and wellbeing needs were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs had been assessed before they moved in. People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Care plans were developed for people's individual needs and staff had guidance on how to meet those needs. The plans were regularly reassessed to ensure they continued to be reflective as people's needs changed.
- Protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There were systems in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff completed an induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to. Nurses were provided the time and opportunity to maintain their professional development as a requirement of the registration.
- Staff were provided with opportunities to discuss their individual work and development needs including one to one supervisions and annual appraisals. Staff were provided with group staff meetings, where they could discuss any concerns or issues and share ideas. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. People said; "Lovely food, delicious" and a relative said; "They let me help at meal times with my relative which I enjoy."
- All staff were aware of any specific dietary requirements for people, for example if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislike. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

Adapting service, design, decoration to meet people's needs

- We found areas of the environment requiring updating and in need of repair. The registered manager had secured the services of a painter and decorator to start upgrading the service. The registered manager confirmed after the inspection that the tiles found to have fallen off had been repaired. Communal areas were welcoming and homely.
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications. Since the previous inspection the registered manager had sent us notifications of approved applications as well as reviews and further approvals.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- People's care plans identified whether they had the capacity to consent to living at the service and to specific aspects of their care. People's care plans were clear when people lacked capacity to make decisions, so staff understood when they had to make day to day decisions in people's best interests.
- Staff had completed training in MCA, however not all staff completely understood how to apply it in their daily work. The registered manager discussed this topic at every staff meeting to assist staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. One person said; "Nothing is a bother" and while a relative said "They speak to him (their relative) in a person-centred way" and "10 out of 10, it's a very caring service."
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff supported people with sensitivity and compassion and were quick to respond to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people and acts of kindness were seen with staff talking with people to provide reassurance.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring that doors were closed when providing personal care.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.
- We saw the positive impact of dignified care in people's presentation and the time staff had taken to ensure those people cared for in bed were comfortable and had familiar things around them. One relative commented; "My relative is bed bound, but the staff know they like their door to be left open, so they don't feel isolated."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records provided guidance for staff on how to help people make as many decisions for themselves as

possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.

- Meetings were held to provide people with the opportunity to express their views and experiences.
- Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs and requests for assistance. Care plans were informative and provided staff with detailed information about people's personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. However, not all care plans held full information, some held different information in a different format and were muddled. The registered manager produced a new care plan format they were planning to use to ensure continuity of all care plans.
- People received person-centred care. Staff had a knowledge of people's personal histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's care plans were regularly reviewed and updated when their needs and abilities changed. Relatives confirmed they had been involved in developing the care plans. People and their relatives agreed the standard of care people received was very good. One relative said; "They keep me informed about my relatives health."
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records outlined any communication need and documents could be provided in other formats if required.
- Information had been provided to some people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be person

centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being. The home's activities programme was displayed, and people were informed about upcoming events.

- Staff had recorded detailed information about people's interests, past hobbies and what they enjoyed doing with their time. One person said; "There's always something going on."

- Due to the health needs of some people they spent their time in their room or in bed. Staff were consistently calling into the rooms to check on people's welfare and take time to have meaningful conversations to reduce the risk of isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. This was displayed on notice boards in the entrance and corridor and made available to each person living at the home within their room.

- One relative told us they would complain to the registered manager or one of the nurses if they need to do so. They confirmed they were confident they would be listened to.

- A relative told us they were confident they could raise any concerns they had regarding the care of their family member.

- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends.

- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days supported by staff who knew them well.

- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff were able to make decisions around treatment and support and were able to deal with the whole end of life process without the need for additional multi-disciplinary team involvement. There were also positive links with external professionals, such as GPs and community nurses when needed. However, one person considered end of life care did not have any specific information in place to show how staff could care for this person at the end of their life. This person had a suction machine in place and there were no instructions in place to support staff how to use this machine. The registered manager confirmed only qualified nurses used this machine.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was a quality assurance system in place to monitor most aspects of service quality. Staff and the registered manager completed daily, weekly and monthly audits. However, quality monitoring had not been effective at identifying the issues we have raised around some risk management and medicines records we identified in safe. The governance arrangements had not picked up that the registered manager and qualified nurses did not always keep up to date with best practice guidelines. For example, 'As required' medicines protocols from the National Institute for Health and Care Excellence (NICE) guidance. NICE clinical guidelines are recommendations, based on the best available evidence, for the care of people by healthcare and other professionals. Clinical guidelines enable those caring for people to reassure them that they are following evidence-based practice.
- Staff told us they felt well supported and enjoyed working at the service.
- Policies and procedures held were designed to supported staff in their practice.

We found no evidence that people had been harmed. However, the systems in place, to demonstrate safety was managed effectively, were not being carried out effectively to provide an accurate oversight of the service. This had the potential to place people at risk of harm. This is a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and senior staff were visible and available to people. We observed people consistently engaging in conversation with staff throughout the inspection. One person said; "You can't wish for nowhere better, I wouldn't go anywhere else."
- Staff told us they worked as a team and had a desire along with the management team to provide safe and effective care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.
- Quality checks were completed in key areas of the service such as medicines, care plans, infection control and accidents and incidents. In addition, external audits took place to ensure independent governance. One

person said; "Everything seems to run to plan."

- The registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. People spoke highly of the registered manager and senior staff.
- The registered manager had an oversight of what was happening in the service and were very visible in the service and took an active role in the running of the service.
- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.

- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives provided feedback through meetings and questionnaires which supported continuous improvement. The most recent questionnaire demonstrated people had a high level of satisfaction with the care provided.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager and senior staff were very approachable and always available for advice and support.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure medicines were managed and administered safely.</p> <p>The provider had failed to identify, assess, reduce and monitor risks to people.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not identified issues during quality assurance reviews.